

Health Information Exchange Steering Committee Meeting

September 28, 2020

Today's Agenda

- Welcome & Introductions
- Subcommittee Work
 - Connectivity Criteria Update
 - Collaborative Services Assessment
- HIE Steering Committee Governance Structure: 2021
 - Subcommittees
 - Membership
- Finalize HIE Plan Update
- Wrap Up

Connectivity Criteria Update

The background of the slide features a complex, abstract network diagram. It consists of numerous circular nodes of varying sizes, some solid and some hollow, interconnected by a web of thin, light-blue lines. The lines are both straight and curved, creating a sense of dynamic connectivity. The overall aesthetic is technical and modern, fitting for a presentation on connectivity criteria.

VHIE Connectivity Criteria Review

September 28th, 2020



VHIE Connectivity Criteria Approval

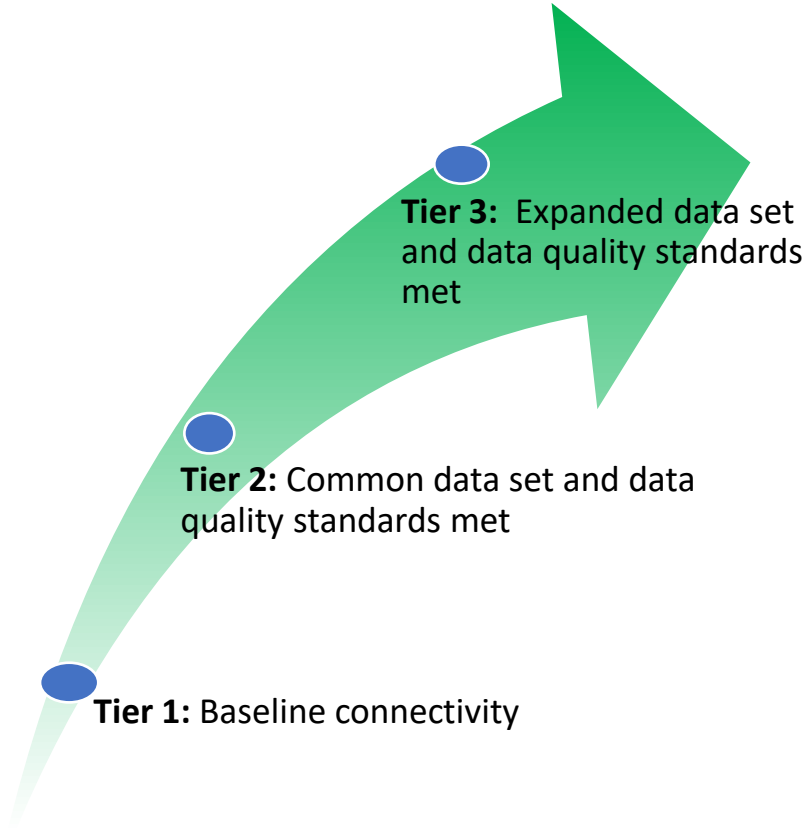
- Establishes the conditions for health care organizations to connect to the Vermont Health Information Exchange (VHIE) that will apply for 2021
- The Connectivity sub-committee has made recommendations for updates to the Criteria
- Approved updates will be incorporated into the State HIE Plan in October by DVHA
- The State HIE Plan will be reviewed and approved by the GMCB in November

VHIE Connectivity Criteria Update Process

- The Connectivity sub-committee consists of members from VITL, Blueprint, DVHA, OneCare Vermont, Vermont Care Partners, Blue Cross Blue Shield, the Vermont Hospital Association, Bi-State, the Vermont Department of Health and the Vermont Chronic Care Initiative
- The sub-committee met multiple times in 2020 to create new criteria for Mental/Behavioral Health organizations and to review the existing physical health criteria
- The group aligned the Criteria with the program needs and the Office of the National Coordinator (ONC) United States Core Data Interoperability (USCDI) data set

Connectivity Criteria Overview

Uses expand as hospitals and practices advance through the stages



Criteria	Objective	Value
<ul style="list-style-type: none"> Expanded data sets for use by specific stakeholder(s) Data is standardized 	<ul style="list-style-type: none"> Variety of quality data aggregated for specific use by stakeholders Data can be analyzed across organizations 	<ul style="list-style-type: none"> Performance measurement and population health management applications are optimized Expanded data uses possible for advanced end-user services
<ul style="list-style-type: none"> One common data set for use by VHIE and all stakeholder(s) Data is standardized 	<ul style="list-style-type: none"> Uniform, quality patient data aggregated Data utility beyond point of care 	<ul style="list-style-type: none"> Stakeholders can measure quality and manage populations (inform quality measures) Expanded data uses possible (example: Care Management)
<ul style="list-style-type: none"> Data supports patient matching Data is structured for storage and transmission 	<ul style="list-style-type: none"> Implement planned interfaces Patient matching Data use at the point of care and by stakeholders 	<ul style="list-style-type: none"> Clinicians can view basic data Clinicians can receive electronic results Patients are properly matched

Successes and Challenges

Successes:

- Criteria have helped organizations clearly understand what the scope of data that is wanted, and the work needed to provide it
- New Mental and Behavioral Health Criteria defined this Spring! This is in preparation for the VHIE accepting this data type in 2021

Challenges:

- Many vendors are still working to meet existing Tier 2 Criteria. COVID-19 has limited progress in data quality efforts this year, apart from COVID reporting needs
- More education needed about the Criteria and the process of applying it, this will be an ongoing effort to address by VITL

Proposed Criteria Plan for 2021

- Wrap the notion of a data contributor type into the existing Connectivity Criteria materials
- Incorporate the Mental/Behavioral Health Criteria
- Leave Physical Health Tier 2/3 Criteria as is for 2021
- Update all documentation for 2021 submission with HIE plan

Documentation Updates

- Stakeholder Matrix – Updated Security section to include Part 2 compliance
- Certification Process
 - updated stakeholder group to have Blueprint for Health instead of Vermont Clinical Registry
- Workplan
 - updated stakeholder group to have Blueprint for Health instead of Vermont Clinical Registry
 - Added Data Contributor Type (Physical Health or Mental/Behavioral Health):
- Data Set and Data Quality Standards Worksheet
 - Updated to add column for data Contributor type on Tier 2 & 3
 - Added new data elements for Mental/Behavioral Health
 - Added COVID-19 Vaccination into Tier 2
 - Included the Demographics for both data types in Tier 3

Looking Forward

- Spend the next 9 months investigating if we can utilize USCDI v1 standards for Tier 2 effectively
- Follow ONC for the next release of USCDI (v2)
- Goal would be to align with national standards if possible
 - Consistency
 - Ensures better EHR vendor compliance
 - Helps ensure data contributors can meet national standards
 - Helps meet ONC/CMS standards for funding purposes
 - Saves time
- Monitor Vendor Compliance with USCDI standards

Collaborative Services Assessment



Collaborative Services Subcommittee - Project Review

September 2020



Collaborative Services Subcommittee Assessment

- The Collaborative Services Subcommittee was asked to provide an assessment of:
 - Phase 1 of Collaborative Services (complete)
 - Implement UMPI
 - Implement Rhapsody at Cureous Innovations (Maine HealthInfoNet (HIN))
 - Implement TermAtlas terminology services software
 - Phase 2 of Collaborative Services (in progress)
 - What is the Subcommittee's assessment of the MedicaSoft platform so far?

Phase I

UMPI: Verato

- Live 1/2020 for reporting (OCV, VCCI, Blueprint)
- Live in provider portal in 2021
- Improvement of duplicates and specified **population match rate from <65% to >95%**

Interface Engine: Rhapsody HIN

- Live 4/2020
- Move to hosted solution with Disaster Recovery solution and unlimited endpoints

Terminology Service: Term Atlas HIN

- Live 4/2020
- 9 data concepts mapped (ex A1C), additional to be mapped as needs are identified
- Over 700 unique codes are being mapped for these 9 concepts, and over 600,000 codes added in August alone

Subcommittee Assessment:

- The technologies stood up in Phase I act as the HIE foundation and provide real value:
 - Significant improvement in patient matching
 - Shed on-premise infrastructure for Rhapsody. Unlimited communication points allows flexible interface design and supports future growth
 - Significant progress in terminology services
- Phase 1 project has met its stated objectives

Phase 2: MedicaSoft

Vendor Selected

- Committee of 8 stakeholders selected vendor 2/2020
- Contract signed 4/2020

Implementation Underway

- 7 of 16 sprints complete
- Data validation underway
- Subcommittee approved final charter and requirements
- Developing roadmap for future releases

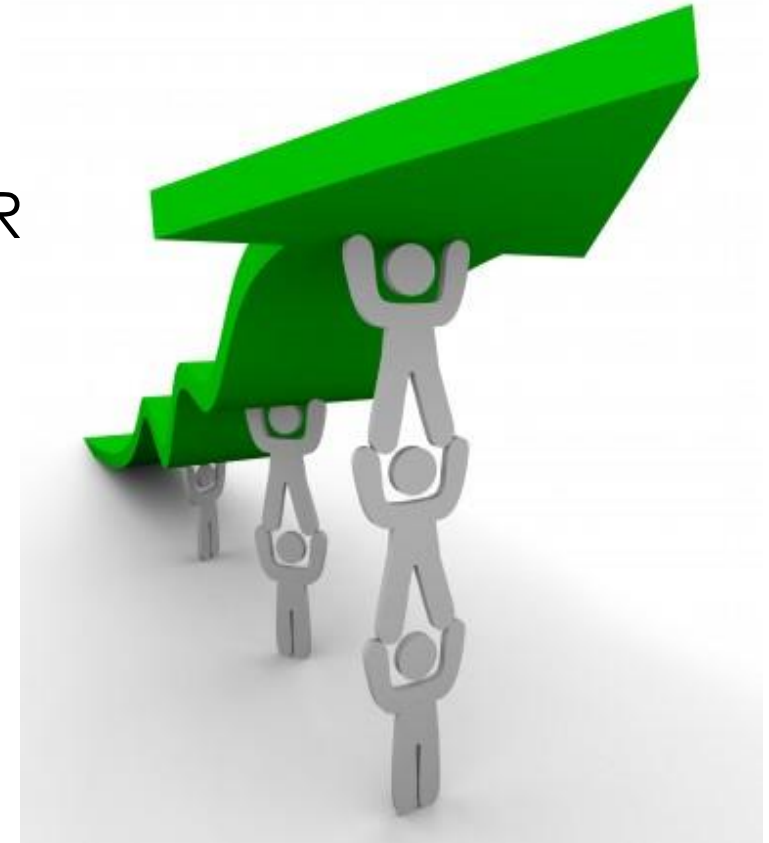
Initial Release*

- Target 1/2021
- Integrate MPI and Term Services
- Reporting platform with ability to deliver data to Blueprint and OCV
- Information blocking compliance
- FHIR CDR
- HISP

** See Appendix*

Expected Outcomes

- Better data to support health care and health care system improvement
- More efficient data access for clinicians through FHIR API support
- Improved data and access for VHIIE stakeholders
- Support for patient access to data
- More efficient and sustainable technology platform
- Strong security and compliance with interoperability rule requirements



Subcommittee Assessment:

- The MedicaSoft platform will meet the needs of the users on the subcommittee

Appendix: Phase 2 Roadmap

Initial Implementation – Target Scope

- Establish the AWS infrastructure
- Implement FHIR CDR and reporting data warehouse
- Integrate Rhapsody, Verato MPI, and Term Atlas
- Transition interfaces
- Establish operational processes
- Load historical data
- Establish extracts/data access for Blueprint and OCV
- Implement required reports
- Data quality dashboard
- Consolidated CCD
- FHIR R3 and OAuth APIs
- Information blocking compliance
- Establish new Direct HISP
- Inform future roadmap



Near Term Roadmap – Potential Next Objectives

- Numerous opportunities will require choices and prioritization:
 - eHealth Exchange query and document retrieval
 - Ability to accept and handle sensitive data appropriately including support for granular consent capability
 - Provider portal to support sensitive data access
 - Upgrade to support the new standards of the ONC interoperability rule: FHIR R4, SMART on FHIR, USCDI data format, bulk FHIR interface, and ONC certification.
 - Possible support for interoperability rule compliance for Medicaid (requires claims) and hospitals



Longer Term Roadmap Recommendations

- Additional clinical data
- Event notification service
- Claims data
- Social determinants of health data
- Results delivery
- Patient portal
- Some of these will be affected by near term priority decisions
- Roadmap is TBD, Subcommittee will be discussing/considering



2021 HIE Steering Committee Governance Structure

Planned 2021 Subcommittees

- **Outcomes Based Certification**

- Meetings: Short term (1-2 meetings) by early 2021
- Objective: support the state in developing HIE outcomes measures that will aid in ongoing evaluation of the VHIE and satisfy CMS' certification requirements
- Members: OCV, VITL, Bi-State, VAHHS, VCP

- **Collaborative Services**

- Meetings: Ongoing through July, at a minimum
- Objective: Aid VITL in developing a technical roadmap that details strategies for meeting user's needs through the new Collaborative Service's technical platform
- Members: existing membership

- **Interface Prioritization Subcommittee**

- Meetings: Short term – end of 2020
- Objective: Relying on the interface matrix, develop annual connectivity priorities for the year to come
- Members: Blueprint, OCV, Bi-State, *others interested?*

Planned 2021 Subcommittees

- **Connectivity Criteria**

- Meetings: Short term - mid to late 2021
- Objective: aid in updating the Connectivity Criteria for physical health; other data types TBD
- Members: existing membership

- **Social Determinants of Health**

- Meetings: Begins early 2021, cadence: TBD
- Objective: Chart a path forward for expanding data sources, determine and develop needed policies and protocols to support appropriate data governance, and gain stakeholder and public input.
- Members: OCV, Gravity Project representative, DVHA – Blueprint and/or Payment Reform, *others?*

- **PartII+ (*VITL led group*)**

- Meetings: Bi-weekly, ongoing
- Objective: Continue work to develop universal policies and procedures for sharing data governed by 42CFR Part II (substance use disorder data), and other sensitive data types, on a patient-driven opt-in basis.
- Members: Blueprint, Bi-State, ADAP, VCP

Planned 2021 Subcommittees

- **Claims “Pilot” Design**

- Meetings: Begin Q3 2021
- Objective: Design a pilot to test the integration of claims data into the VHIE system using Medicaid claims
- Members: DVHA operations, GMCB, *others interested?*

- **PartII+ (*VITL led group*)**

- Meetings: Bi-weekly, ongoing
- Objective: Continue work to develop universal policies and procedures for sharing data governed by 42CFR Part II (substance use disorder data), and other sensitive data types, on a patient-driven opt-in basis.
- Members: Blueprint, Bi-State, ADAP, VCP

Data Governance

- Data governance is management of the availability, useability, integrity, and security of data
- Data governance can occur at enterprise and organizational levels
- The HIE Plan outlines a vision for health data exchange – data governance helps realize policies and processes to support that vision
- The HIE Steering Committee works in partnership with VITL to develop policies and processes that enable the secure exchange of health data of all varieties

Table 1: Key Attributes of Data Governance

Attribute	Description
Availability	The data must be available to the applications of all HIE users when needed
Accessibility	The agreement must ensure that the data is accessible, regardless of the application used
Interoperability	The data must be both semantically and syntactically interoperable across systems
Auditability	There must be a trail of the data from its source to its destination
Quality	The data must be accurate and complete
Security	The data must be kept secure

Source: EHealth Initiative, Central Indiana Beacon Community, Indiana Health Information Exchange. **SPECIAL REPORT** *Building Elective Data Governance Models, Policies and Agreements in a HITECH World, 2012*

Data Governance Policies

Table 2: Key Components of Data Governance Policies

Attribute	Description
Standards	All data definitions, structures, formants, and taxonomies must be included within a policy in order to facilitate interoperability
Organization	The roles and responsibilities of everyone within the data governance program must be defined
Processes	Process must be defined around the creation, development, and management of data, including business rules as well as access and monitoring mechanisms
Issue Management	There must also be policies in place that guide data prioritization and remediation

Source: EHealth Initiative, Central Indiana Beacon Community, Indiana Health Information Exchange. **SPECIAL REPORT** *Building Elective Data Governance Models, Policies and Agreements in a HITECH World, 2012*

Proposed 2021 Subcommittees

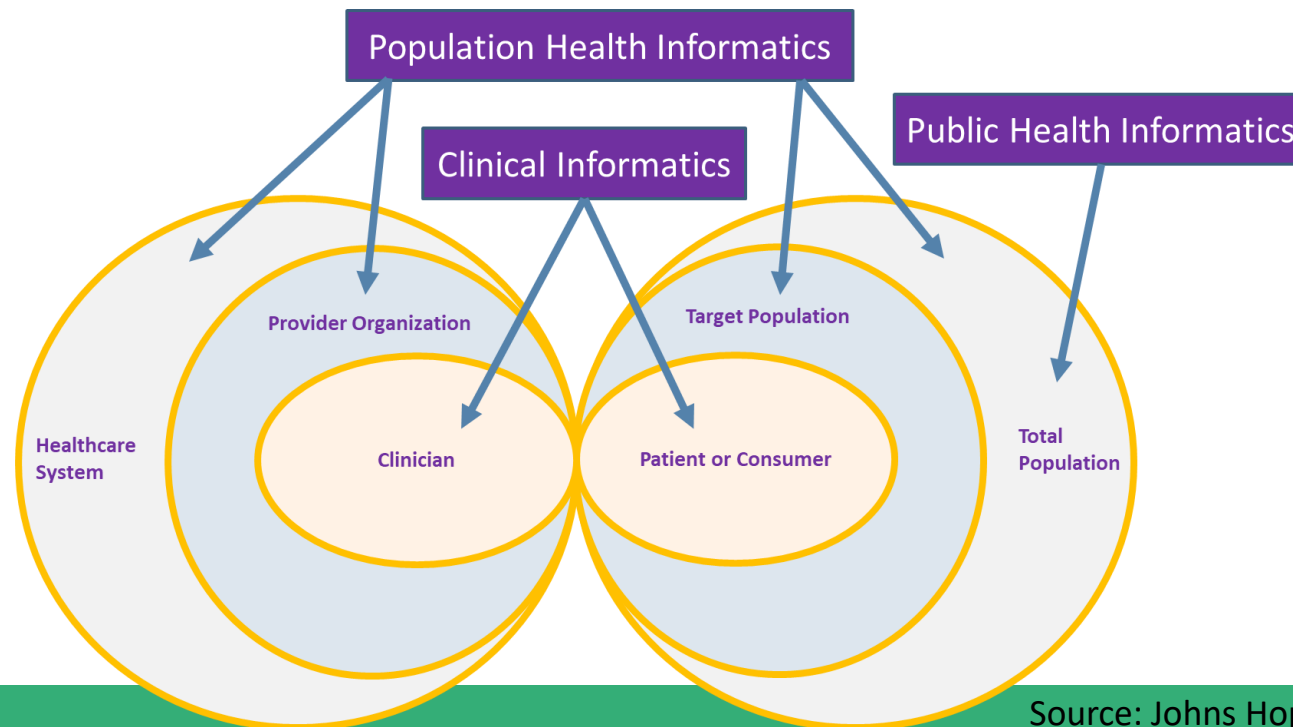
- **Data Governance**

- Meetings: TBD
- Objectives:
 - Support development of standard data sharing agreement language to reflect appropriate protocols for data ownership, accessibility, privacy and security
 - Define health data ownership
 - Analyze workflow impacts of new data sharing arrangements
 - Develop and execute stakeholder engagement plans to gain input on data governance strategies, policies and protocols
- Members: ADS, VITL, GMCB, *others interested?*

Proposed 2021 Subcommittees

- **Population Health**

- Meetings: TBD
- Objectives: Identify health data sets needed to advance population health analysis and management efforts across the state. Define annual priorities.
- Members: UVM - Health Services Research Center, Blueprint, DVHA Payment Reform, GMCB, member of the Collaborative Services subcommittee, *others interested?*



Source: Johns Hopkins School of Medicine

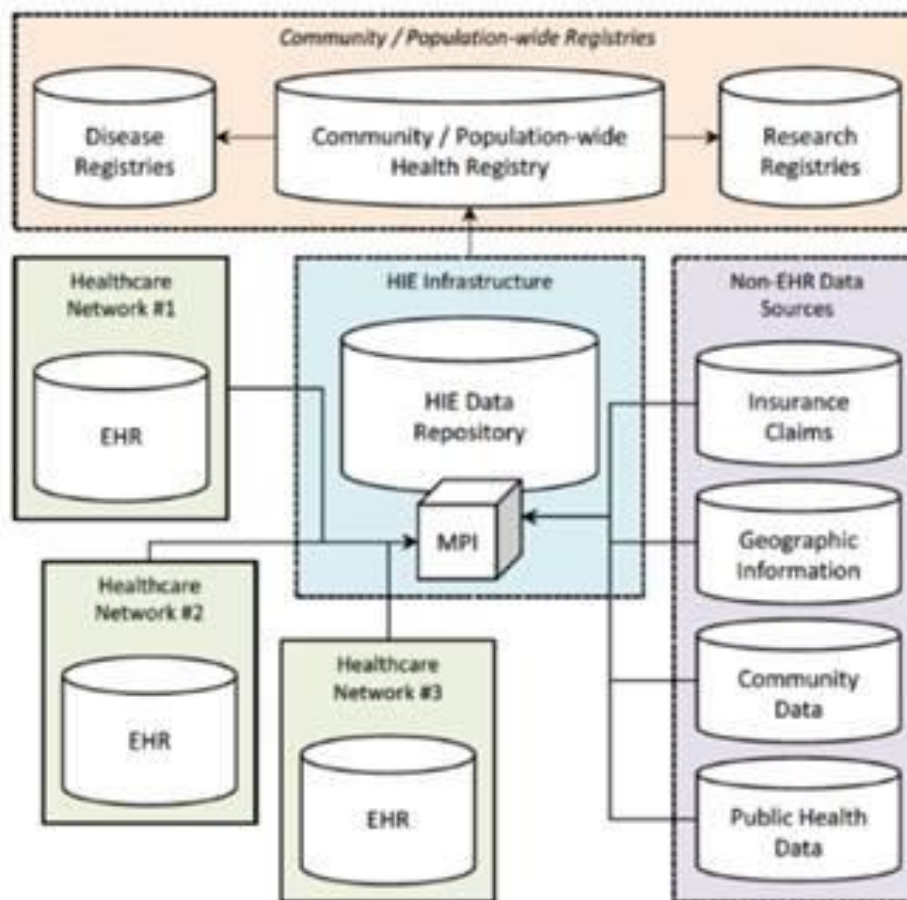
Source: Johns Hopkins School of Medicine

Domain Context	Population Health Informatics	Public Health Informatics	Clinical Informatics
Common Intervention Targets	<ul style="list-style-type: none"> • Total population • Target populations • Provider organization • Healthcare systems 	<ul style="list-style-type: none"> • Total population 	<ul style="list-style-type: none"> • Clinician • Patient or consumer • Provider organization • Target population
Main Operational Goal	<ul style="list-style-type: none"> • Outreach and prevention • Care integration • Disease management 	<ul style="list-style-type: none"> • Assessment • Prevention 	<ul style="list-style-type: none"> • Treatment • Rehabilitation
Action Arm	<ul style="list-style-type: none"> • Population health organization • Care management organizations 	<ul style="list-style-type: none"> • Public health agencies • Non-for-profit and non-governmental organizations 	<ul style="list-style-type: none"> • Clinical organizations
Key Stakeholders	<ul style="list-style-type: none"> • Provider and payer systems • Government and community 	<ul style="list-style-type: none"> • Federal, state and local governments 	<ul style="list-style-type: none"> • Providers • Consumers
Key Information Challenges	<ul style="list-style-type: none"> • Capturing non-medical info • Information system interoperability across sectors 	<ul style="list-style-type: none"> • Expanding public health IT systems • Medical and public health interoperability 	<ul style="list-style-type: none"> • Decision support • EHR interoperability

HIE Plan – outstanding questions

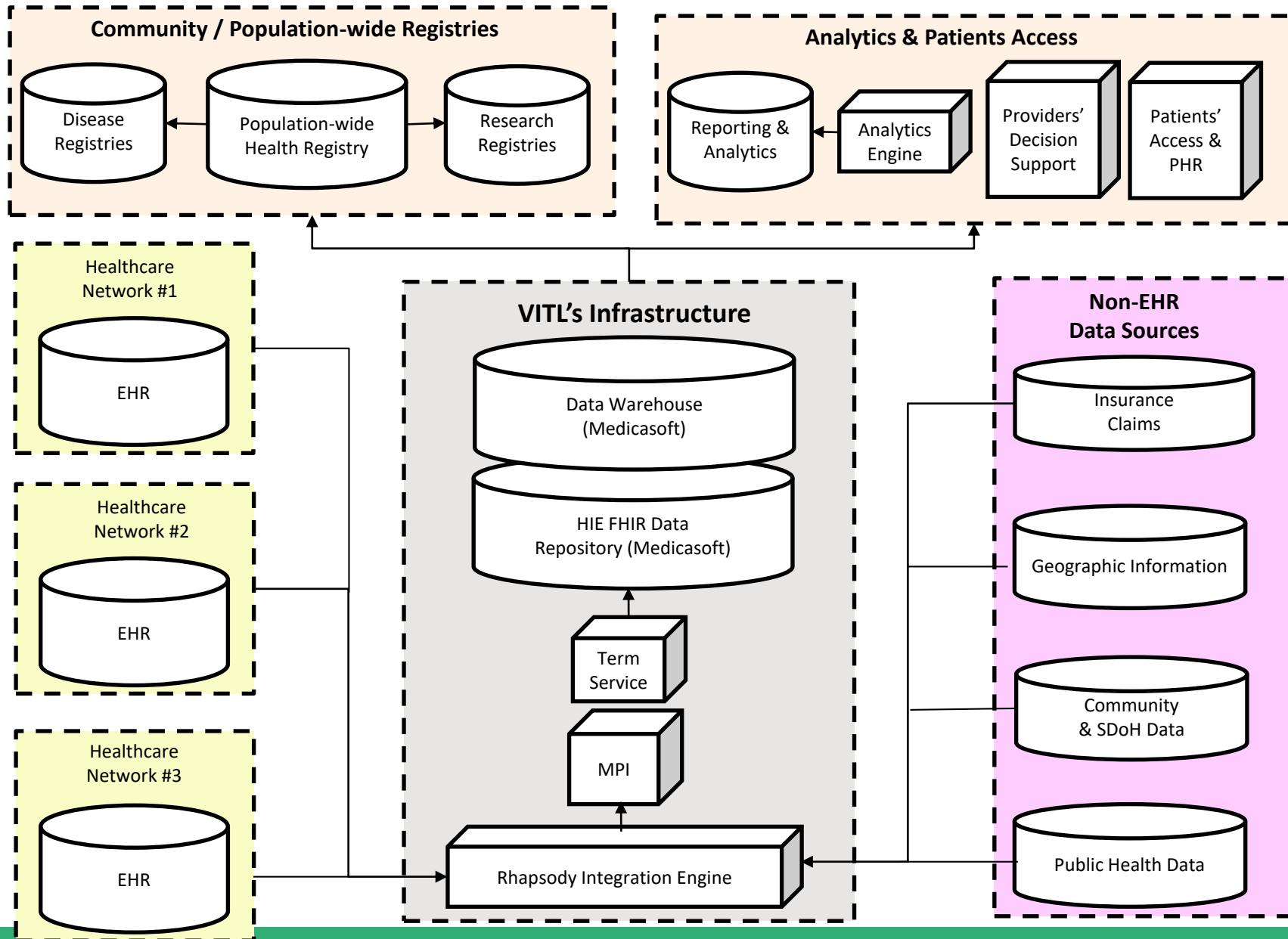
- Discussion of Phases III and IV of the Collaborative Services Project – new data types and expanded services (e.g., analytics support)
 - Public funds are used for foundational services – these phases are not foundational
 - ***What is the Steering Committee's role here? How do we guide HIE service development to support VHIE sustainability while avoiding duplication in the Vermont marketplace?***
- HIT Fund
 - ***Does the HIE Steering Committee advocate for an extension of the state's HIT Fund to continue public investment in state-wide HIE work?***

Population-Centered: EHR as a Module



EHR = electronic
health record
HIE = health
information exchange
MPI = master patient
index

Proposed VHIE Architecture Diagram



Steering Committee Membership

- Public Health Representative - Department of Health
- Mental Health & Substance Use Representative – Vermont Care Partners
- Primary Care Representative – Bi-State Primary Care Association
- Hospital Care Representative – VT Assoc. of Hospitals and Health Systems (VAHHS)
- Payer Representative – Jimmy Mauro, Blue Cross Blue Shield
- Accountable Care Organization Representative – OneCare Vermont
- Blueprint for Health Program
- Green Mountain Care Board
- Agency of Digital Services
- VITL
- DVHA – Operations Support
- **Changes? Additions?**
 - **Home Health**

Wrap Up

- Last call for HIE Plan edits – due by 10/2
- Next Meeting:
 - 2021 Meeting Design
 - VITL Data Governance
- Meeting evaluation: *How'd we do?*

